

5147

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-041847

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. *47*

Primary Registration District No. *3008*

Registrar's No. *308*

FILED DEC 4 1962

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i>		Length of stay in lb <i>41 Days</i>	c. CITY OR TOWN <i>Fulton</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Callaway Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R.F.D. # 2</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Edmond</i> Middle <i>Mitchell</i> Last <i>Peacock</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>27</i> Year <i>1962</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6/10/1891</i>	9. AGE (last birthday) <i>71</i>	IF UNDER 1 YEAR Months <i>18</i> Days <i>24</i> Hours <i>18</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer & Machinist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>	11. BIRTHPLACE (City and state or country) <i>North of Fulton, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>George Mitchell Peacock</i>		13b. MOTHER'S MAIDEN NAME <i>Hattie Lade</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>[Blank]</i>	17. INFORMANT <i>James Peacock Fulton, Mo R#2</i>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Toxemia, sepsis, multiple myeloma with terminal cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>[Blank]</i> DUE TO (c) <i>[Blank]</i>		<i>24 hrs</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <i>nephrosclerosis and chronic nephritis</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <i>[Blank]</i> a.m. <i>[Blank]</i> p.m. <i>[Blank]</i>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Fulton, Mo</i>	COUNTY <i>Mo</i>	STATE
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21. I attended the deceased from <i>March 6, to 27 Nov 62</i> and last saw him alive on <i>27 Nov 62</i> Death occurred at <i>5:15 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS <i>Fulton, Mo</i>	22c. DATE SIGNED <i>28-Nov-62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov, 30, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hillcrest Cemetery</i>	23d. LOCATION (City, town, or county) <i>Fulton Mo</i>	(State)
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24. FUNERAL DIRECTOR <i>Browning Funeral Home, Fulton, Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Nov. 28-1962</i>	26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leon Rale Tordtman

Licensed Embalmer No. 5202

P. O. Address Fallon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.